

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 9  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Staples</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 09 / 2015		
Mailing Address US Route 1			Amount <span style="border: 1px solid black; padding: 2px;">32.67</span>		
City Alexandria	State VA	Zip Code 22314-0000	Transaction ID : E4CF1DF95A3674FF6847		
Purpose of Expenditure IE-DeSantis-Postage		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 17 / 2015		
Name of Federal Candidate Ronald DeSantis			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">45245.47</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 12 / 2015		
Mailing Address PO Box 388			Amount <span style="border: 1px solid black; padding: 2px;">166.60</span>		
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E72C25FFAA72143AD94F		
Purpose of Expenditure IE-DeSantis-Donation Processing		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 12 / 2015		
Name of Federal Candidate Ronald DeSantis			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">45412.07</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">199.27</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

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Date

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 12 / 01 / 2015

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	2	OF	9
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2015	
Mailing Address PO Box 388		Amount 16.75	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E6DBBBF614341475DA2A
Purpose of Expenditure IE-DeSantis-Donation Processing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2015	
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2015	
Mailing Address PO Box 388		Amount 338.25	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E73D49F7768C843B795C
Purpose of Expenditure IE-DeSantis-Donation Processing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2015	
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	355.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2015</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>727.75</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>EC372072E2E1D471A953</b>		
Purpose of Expenditure <b>IE-DeSantis-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2015</b>		
Name of Federal Candidate <b>Ronald DeSantis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>46494.82</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 03 / 2015</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>35.75</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E9374E4657C60440D921</b>		
Purpose of Expenditure <b>IE-DeSantis-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 03 / 2015</b>		
Name of Federal Candidate <b>Ronald DeSantis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>46530.57</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>763.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2015	
Mailing Address PO Box 388			Amount 4.75	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E8B82EBD18CFF4530B43	
Purpose of Expenditure IE-DeSantis-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2015	
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		46535.32	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2015	
Mailing Address PO Box 388			Amount 5.50	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : EC934007B134247CEBA5	
Purpose of Expenditure IE-DeSantis-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2015	
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		46540.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2015</b>	
Mailing Address <b>PO Box 388</b>		Amount <b>190.05</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E8D2B706F920A4E3DABF</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2015</b>
Purpose of Expenditure <b>IE-DeSantis-Donation Processing</b>		Category/Type	
Name of Federal Candidate <b>Ronald DeSantis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>46730.87</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2015</b>	
Mailing Address <b>PO Box 388</b>		Amount <b>39.00</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E5F5797ED2C874C38B45</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2015</b>
Purpose of Expenditure <b>IE-DeSantis-Donation Processing</b>		Category/Type	
Name of Federal Candidate <b>Ronald DeSantis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>46769.87</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>229.05</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 07 / 2015</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>34.25</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E3BAB450D6ECA47D89F5</b>		
Purpose of Expenditure <b>IE-DeSantis-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 07 / 2015</b>		
Name of Federal Candidate <b>Ronald DeSantis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>46804.12</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 14 / 2015</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>20.30</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E41CC44ED1F504FBF8A0</b>		
Purpose of Expenditure <b>IE-DeSantis-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 14 / 2015</b>		
Name of Federal Candidate <b>Ronald DeSantis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>46824.42</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>54.55</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 21 / 2015</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>69.75</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E7C610F13213B4E42843</b>		
Purpose of Expenditure <b>IE-DeSantis-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 21 / 2015</b>		
Name of Federal Candidate <b>Ronald DeSantis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>46894.17</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>U.S. Postal Service</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 27 / 2015</b>		
Mailing Address <b>475 Lenfant Plz SW</b>			Amount <b>327.90</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20260-0004</b>	Transaction ID : <b>E2996EDB760BA4097BCC</b>		
Purpose of Expenditure <b>IE-DeSantis-Postage</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 24 / 2015</b>		
Name of Federal Candidate <b>Ronald DeSantis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>47359.74</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>397.65</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 8 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Staples</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 27 / 2015</b>		
Mailing Address <b>US Route 1</b>			Amount <b>137.67</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314-0000</b>	Transaction ID : <b>E4A3B539470C746B9937</b>		
Purpose of Expenditure <b>IE-DeSantis-Printing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 24 / 2015</b>		
Name of Federal Candidate <b>Ronald DeSantis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>47359.74</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Envision Printers/Marketing</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2015</b>		
Mailing Address <b>2 Riverbend Pkwy</b>			Amount <b>13931.80</b>		
City <b>Leesburg</b>	State <b>VA</b>	Zip Code <b>20176-0000</b>	Transaction ID : <b>E0A6D8E74B34E4982995</b>		
Purpose of Expenditure <b>IE-DeSantis-Direct Mail Production</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 01 / 2015</b>		
Name of Federal Candidate <b>Ronald DeSantis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>61301.29</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>14069.47</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2015</b>	
Mailing Address <b>PO Box 388</b>		Amount <b>9.75</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>ECA5C622871B14026821</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2015</b>
Purpose of Expenditure <b>IE-DeSantis-Donation Processing</b>		Category/Type	
Name of Federal Candidate <b>Ronald DeSantis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>61301.29</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>9.75</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>16088.49</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

MM / DD / YYYY  
**12 / 01 / 2015**

Signature